

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 09/914088	FILING DATE 6/21/04				
60/104 CLAIMS						60/104					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9	0					59					
10						60					
11						61					
12						62					
13						63					
14						64					
15						65					
16						66					
17	0					67					
18						68					
19						69					
20						70					
21	1					71					
22						72					
23	1					73					
24	1					74					
25						75					
26						76					
27	0					77					
28	0					78					
29						79					
30						80					
31	1					81					
32						82					
33	2					83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					